

INTERNATIONAL CERTIFICATES OF
VACCINATION

AS APPROVED BY
THE WORLD HEALTH ORGANIZATION
CERTIFICAT INTERNATIONAL DE VACCINATION
APPROUÉ PAR
LE CERTIFICAT INTERNATIONAUX DE LA SANTE

TRANSLATED AND ISSUED BY ORDER:

LEE H. OSWALD
Address: [unclear]
Date: [unclear]

Med. Officer
[unclear]

LA.

County - State
[unclear] - [unclear]

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE



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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARROUE			
This is to certify that Je (have/have not) received a vaccination against smallpox on the date indicated below. Has on the date indicated been vaccinated or revaccinated against smallpox à été vacciné(e) ou revacciné(e) contre la varroie le jour(e) le date indiquée			
Date	Indicate by "X" where Received at Signature of Health Officer or his/her representative	Signature, International Certificate of vaccination Signature ou certificat international de vaccination	Official stamp of Health Officer or his/her representative
JUN 8 1963	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D. J. A. H. DEEL P. O. BOX 30016 NEW ORLEANS, LA.	JUN 22 1963 DEEL D. J. A. H.
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years beginning 8 days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.			
This certified stamp must be in a form prescribed by the health administration of the country in which the vaccination was given. In the United States, it must be in a form prescribed by the Public Health Service, or in the case of U.S.-area stamps addressed by the latter agency. Any amendment of this certificate, or absence or failure to complete any part of it, may render it invalid.			
LA VALEUR DE CE CERTIFICAT devra s'étendre sur une période de 3 ans commençant 8 jours après la date de la vaccination initiale réussie ou, dans le cas d'une revaccination, sur la date de celle-ci. Ce timbre certifié doit être dans un format prescrit par l'administration de la santé du pays dans lequel la vaccination a été donnée. Au Canada, il doit être dans un format prescrit par le ministère de la Santé. Il est recommandé de faire apposer un timbre certifié de l'Agence canadienne de la santé publique. Toute modification de ce certificat, ou absence ou absence de remplir tout champ de ce certificat, peut rendre ce certificat invalide.			
IF unsuccessful, revaccination must be requested and a new certificate issued. Si non réussi, il faut demander une nouvelle vaccination et un nouveau certificat sera émis.			
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIÈVRE JAUNE			
This is to certify that Je (have/have not) received a vaccination against yellow fever on the date indicated below. Has on the date indicated been vaccinated or revaccinated against yellow fever à été vacciné(e) ou revacciné(e) contre la fièvre jaune le jour(e) le date indiquée			
Date	Indicate and print name of receiver Signature of events professionnel de receveur	Origin and date of birth Né(e) le	Official stamp of Health Officer or his/her representative